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OMB No:0607-0444

Approval Expires:12/31/2023

2021 Report of Organization

Location Information		
DEFINITION OF ESTABLISHMENT		
The reporting unit for this questionnaire is an e soperations are performed.	stablishment. An establishment is generally a single physical location	on where business is conducted or where services or industrial
MAILING ADDRESS		
ATTN		
Name 1		
Name 2	Store/Plant	
Number and Street		
City, town, village, etc.	State Select State or Territory	ZIP Code 99999-9999
PHYSICAL LOCATION		
Please update the physical location if needed. (P.O. Box and rural route addresses are not ph		
Number and Street		
City, town, village, etc.	State Select State or Territory ✓	ZIP Code 99999-9999
For Census Bureau Use Only		
CFN		

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2021 Report of Organization

NC-99007 - Report of Organization

Item 1A: Ownership or Control - Voting Stock Validation
ITEM 1A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION
Does another domestic company own more than 50 percent of the voting stock of your company?
Yes
O No

Do Not Mail - Report C

Not Mail - Report Online

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Approval Expires:12/31/2023

2021 Report of Organization

NC-99007 - Report of Organization

Item 1B: Ownership or Control - Management and Policy
ITEM 1B: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY
Does another domestic company have the power to control the management and policies of your company?
O Yes
O No

Do Not Mail - Report Onl

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Approval Expires:12/31/2023

2021 Report of Organization

NC-99007 - Report of Organization

Item 1C: Ownership or Control - Percent of Voting Stock Held

ITEM 1C: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

50%

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OMB No:0607-0444

Approval Expires:12/31/2023

2021 Report of Organization

				ᇹ
Item 1D: Ownership or Control - Company Information				ot Mail -
ITEM 1D: OWNERSHIP OR CONTROL - COMPANY INFORMATION More				Report O
What is the name, address, and 9-digit Employe	r Identification Number (EIN) of the owning or controlling comp	cany?		nline
Name of owning or controlling company				
Home office address (Number and street)				Do Not
City, town, village, etc.	State	ZIP Code		Mail - F
	Select State or Territory ~	99999-9999		Report (
99-9999999				Online

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2021 Report of Organization

NC-99007 - Report of Organization

Item 4: Remarks				
ITEM 4: REMARKS (Optional - Enter remarks only if necessary)				
Please use this space only for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)				
You have	1000	characters remaining		

ot Mail - Report Online

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2021 Report of Organization

Item 5: Number of Establishments	
ITEM 5: NUMBER OF ESTABLISHMENTS	
How many establishments operated under EIN at the end of 2021?	2021
How many establishments operated under Linvat the end of 2021?	

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2021 Report of Organization

Item 5: Establishment Information						
ITEM 5: ESTABLISHMENT INFORMATION						
CFN						
Name						
Secondary Name	Store/Plant					
Number and Street						
City, town, village, etc.	State Select State or Territory			ZIP Code 99999-9999		
Describe kind of business at this location						
For employees that worked at more than or time.	e location, report the employm	nent and payroll data for e	employees at the C	ONE location whe	re they spent most (of their working
What was the number of employees for pay pe	riod including March 12?				2021	
What was the annual payroll?					2021	,000.00
What was the first quarter payroll (January - M	arch 2021)?				2021	,000.00